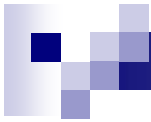




Michigan Medicaid Dental Providers


CHAMPS, NPI & Updates

www.michigan.gov/mdch



Michigan Medicaid Programs


- Straight Michigan Medicaid
 - Title XIX
 - Fee For Service (FFS)
 - Healthy Kids Dental (Delta Dental)
- Children's Special Healthcare Services (CSHCS)
 - Title V
 - Provides certain approved coverage for qualifying conditions: Cystic Fibrosis, Blood Coagulating Disorders, etc.



Michigan Medicaid Programs in Addition to Fee For Service

- ABW (Adult Benefit Waiver)
- Maternity Outpatient Medicaid Services (MOMS)

Covers all medical needs related to pregnancy



Medicaid Beneficiary Eligibility Verification System (EVS)

- MiHealth Card does NOT guarantee eligibility
- How to Check Eligibility Free
 - AVRS, 1-888-696-3510
 - WebDenis, 1-877-BLUE-WEB, www.bcbsm.com
- Other companies offer Medicaid eligibility for a service fee



Scope/Coverage Codes

■ Common Scope Codes

- ☐ 1 – Medicaid
- ☐ 2 – Medicaid
- ☐ 3 – Adult Benefits Waiver
- ☐ 4 – Refugees and Repatriates

■ Common Coverage Codes

- ☐ 0 – No Medicaid eligibility/coverage
- ☐ E – Emergency/Urgent Medicaid Coverage Only
- ☐ F – Full Medicaid Coverage
- ☐ G – Adult Benefits Waiver
- ☐ Y – Family Planning Waiver



Adult Benefits Waiver

- Provides basic health insurance coverage to low-income childless adults
- Limited Medicaid Coverage
 - Refer to the ABW Section of the Manual
- Level of Care (LOC) 11
 - ABW beneficiaries enrolled in County Health Plan
- No LOC code is used to identify the FFS ABW beneficiary
- **NO DENTAL SERVICES**



Medicaid Website

www.michigan.gov/mdch



Department of Community Health



Michigan.gov

An Official State of Michigan Web Site

[Michigan.gov Home](#)

[MDCH Home](#) | [Contact MDCH](#) | [Sitemap](#)

Search

GO

Advanced Search

[Birth, Death, Marriage & Divorce Records](#)

[Physical Health & Prevention](#)

[Pregnant Women, Children & Families](#)

[Mental Health & Substance Abuse](#)

[Health Care Coverage](#)

[Statistics & Reports](#)

[Providers](#)

[Inside Community Health](#)

[Health Systems & Health Profession Licensing](#)

[Homeland Security](#)

[michigansteps up](#)
[michiganstepsup.org](#)

[Safe Delivery of Newborns](#)

[MICHIGAN Mental Health Commission](#)
[CLICK FOR MORE INFO](#)

[Tax Time Resources](#)

[\[Printer Friendly\]](#)

[\[Text Version\]](#)

[A A](#)

What's New



► From the Director



Director Janet Olszewski details the steps Michigan is taking to address the potential threat of pandemic influenza.

► [MDCH Announces Launch Of Michigan Volunteer Registry](#)

Web-based System Raises Level Of Protection For Michigan Citizens

► [Department to Host Statewide Long Term Care Conference](#)

► [Where to find information about Medicare Part D Pharmacy Plans](#)

Helpful contact information for beneficiaries and providers

► [Request for Proposal for Long-Term Care Single Points of Entry](#) [PDF](#)

Long-Term Care Single Points of Entry.

[Response to Questions Submitted](#)

About our Organization

► [Meet the Director](#)

Janet Olszewski is Director of the Michigan Department of Community Health (MDCH). The department is responsible for health policy and management of Michigan's publicly funded health systems. Services are planned and delivered through several integrated components.

► [About the Michigan Department of Community Health](#)

The Michigan Department of Community Health (MDCH) is one of 22 departments of state government.

The department, the largest in state government, is responsible for health policy and management of the state's publicly-funded health service systems. An estimated 1.5 million Michigan residents will ...

[Departments & Agencies](#)

[State Sponsored Sites](#)

[Online Services](#)

Quick Links

- [Influenza in Michigan](#)
- [Michigan Medicaid Long Term Care Task Force](#)
- [Informed Consent for Abortion](#)
- [Shortcuts to MDCH Web Topics](#)
- [MDCH Brochures Available for Download](#)
- [Emerging Diseases](#)
- [Might I be eligible for benefits? Click here to find out](#)
- [Local Health Department Map](#)
- [GENDIS - Genealogical Data](#)
- [Aging Services - MiSeniors.net](#)
- [News Releases](#)




- [Michigan's State Planning Project for the Uninsured.](#)
- [Community Collaboratives](#)
- [MDCH Online Services](#)
- [MiRx Prescription Savings Program](#)
- [Health Professions Licensing & Regulation](#)



The Official State
of Michigan Website

Search



 [Printer Friendly](#)
 [Text Version](#)
 [Email Page](#)
 [A- A+ Text Size](#)

Physical Health & Prevention

MEDICAID



Medicaid is a federal and state funded health care program that provides comprehensive health care coverage for the medically indigent. This page supplies coverage, billing and reimbursement policies and other important information for enrolled providers. Much of the information provided also applies to other health care programs administered by MDCH (e.g., Adult Benefits Waiver, MOMS, Plan First!, Children's Special Health Care Services, etc.)

HOT TOPICS

- CHAMPS
- Provider Updates

MDCH - - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546-153200--,00.html

Go

Google

Go

Bookmarks

20 blocked

Check

AutoLink

AutoFill

Send to

Settings

Links

Customize Links

Windows Media

HRMN

MDCH

Mich Contact Directory

Yahoo!

State of Michigan-DCH Login

4 I R A N Y . C O M

MDCH -

SnagIt

Prevention

Pregnant Women, Children & Families


Mental Health & Substance Abuse

Health Care Coverage


Statistics and Reports

Inside Community Health


Health Systems & Health Profession Licensing




Get information about Policy and Forms, like the Medicaid Provider Manual, draft and final policy bulletin, etc.




In Billing and Reimbursement, find information necessary for claim submission, including billing tips, provider-specific procedure code databases (including fee screens), electronic billing information, Sanctioned Provider list, Beneficiary Co-Payment Requirements, etc.



Prior Authorization gives access to the Medicaid Nursing Facility Level of Care Determination tool.



Communications and Training gives access to Provider Update newsletters, numbered letters, information on training opportunities, etc.



Waivers includes information related to current and proposed Medicaid waivers.

Provider Enrollment
Access provider enrollment forms and information, as well as instructions for initiating Electronic Funds Transfers (EFT)

Eligibility Verification System
Access information and options available related to verifying beneficiary eligibility.

Draft Policy Bulletins for Public Comment
Draft policy bulletins issued for public review and comment.

Start

Novell Gr...

Trace Utility

BI Query ...

DCH Appli...

DCH Appli...

Microsoft ...

Welcome ...

BI Query ...

I:\MMIS\...

Microsoft ...

MDCH - - ...

Trusted sites

2:03 PM Thursday

Medicaid Billing & Reimbursement

The screenshot shows a Microsoft Internet Explorer browser window displaying the MDCH website. The address bar shows the URL: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-151698--,00.html. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Stop, Home, Search, Favorites, and other standard browser functions. The main content area features a large blue banner with the text "BILLING & REIMBURSEMENT" in green. Below the banner, there are several links and information boxes:

- Electronic Billing**: This link will provide important information and documents for all your electronic billing needs. Please view the B2B instructions and all Trading Partner information.
- Provider Specific Information**: Related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.
- Third Party Liability**: Coordination of benefits, casualty, manual, and related links.
- List of Sanctioned Providers**: Lists providers excluded from Medicaid participation.
- Documentation EZ Link**: Documentation EZ Link is a program being launched by MDCH to enable providers in 7 counties of SE Michigan to submit claim attachments through an electronic system.
- Fraud Abuse and Reporting Requirements**: Click here for descriptions of fraud and abuse, information on reporting contacts and a link to the New Medicaid Fraud/Abuse Online Complaint Form.
- Explanation Codes**: Provides coding information for MDCH's paper Remittance Advice.
- Co-Payment Requirements**: Table listing for most FFS and ABW beneficiaries.

The left sidebar contains a list of links: Health Professional Shortage Area, Institutional Review Board, State Loan Repayment Program, Lab Services, Public Health Preparedness, Communicable & Chronic Diseases, Departmental Forms, Community Mental Health Services, Certificate of Need, Toxic Substances, Substance Abuse Providers, Birth, Death, Marriage and Divorce Records, Physical Health & Prevention, Pregnant Women, Children & Families, Mental Health & Substance Abuse, Health Care Coverage, Statistics and Reports, Inside Community Health, and Health Systems & Health. The bottom of the browser window shows the Windows taskbar with various open applications and the system clock indicating 2:04 PM on Thursday.



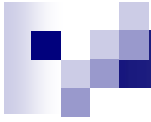
Provider Updates

- Biller “B”Aware
 - Current Medicaid issues (RAM Notices)
- Newsflash
 - Important upcoming dates
- Provider Inquirer Newsletter
- Provider Tips
 - Tips for specific provider groups



Provider Enrollment /CHAMPS

- Contact Information:
 - ☐ Phone: 1-517-335-5492
 - ☐ Fax: 1-517-241-8233
 - ☐ E-Mail: ProviderEnrollment@michigan.gov
 - ☐ P.O. Box 30238
Lansing, MI 48909
 - ☐ Champs Hotline # 1-888-643-2408
- Provider ID will be disenrolled if mail is returned
- Report changes in Provider ID on CHAMPS
 - ☐ Tax ID, Address, Specialty, Services, etc.
- Electronic Funds Transfer (EFT)
www.migov/cpexpress or ph# 1-888-734-9749



Medicaid Online Manual

- Viewable in Adobe Acrobat Reader
 - Version 5.0 or higher
- Updated Quarterly on Website
 - New quarterly information highlighted
- New CD's are only sent yearly
- Directory Appendix



Medicaid Policy Bulletins and Proposed Changes

- All Bulletins posted online
- Posted by Issue Date
- Proposed Policy Bulletins posted
 - 30 day Public Comment Period
 - Request form available to Participate in Policy Proposal Review



Provider Specific Information

■ Fee Screens

- ☐ Medicaid Covered ADA Codes
- ☐ Medicaid Fees
- ☐ Modifiers Required
- ☐ Documentation Requirements
- ☐ PA Requirements

■ Refer to the Instructions document for specific coding information



Explanation Codes

- MDCH has their own list of edit codes
- Identifies status of claim
 - ☐ Paid
 - ☐ Pend
 - ☐ Reject
- Informational Edits
 - ☐ Appear with an “X” after the edit



ADA 2006

www.michigan.gov/mdch



Completing the ADA 2006

- Medicaid Online Manual
- Billing & Reimbursement for Dental Services
- Dental Section
 - ☐ Mandatory and Conditional Information
 - ☐ Codes
 - ☐ Exceptions



Paper Claims vs. Electronic Claims

■ Paper Claims:

- ☐ No Confirmation
- ☐ 6 to 9 months to appear on a RA
- ☐ Need to attach EOB
- ☐ No paper clips, staples, white out or correction tape, dot matrix printer

■ Electronic Claims

- ☐ 997 Acknowledgment
- ☐ 1-2 weeks to appear on a RA
- ☐ No EOB needed
- ☐ List of approved vendors is located at the Electronic Billing website



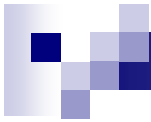
Secondary/Tertiary Claims

- Medicaid accepts Secondary claims Electronically
 - EOB's are not needed electronically
 - CAS Segments are required electronically
- Dental claims only need to be sent on paper when attachments (not EOB's) are needed



Paper Billing Requirements

- All Michigan Medicaid Recipients have an 10-digit ID Number
 - Birthdates need to be in the MMDDCCYY format
 - Example: 01012006
 - Do not use special characters
 - ~, *, /, ?
- Over 6 to 9 months for paper claims to appear on a remittance advice



Comments

- Reported in Box 35
- Use for comments that are necessary for claims processing
- Do not use unnecessary comments
- If billing electronically and comments are needed, make sure billing agent is forwarding comments to Medicaid
 - Example = voids, replacement bills, OI documentation



Replacement and Void Claims

- Submit only to replace APPROVED claims
- Source/Status = PEND or REJ
 - ☐ Replacement and Voids CANNOT be submitted
 - ☐ Resubmit New Claims Only
- One year limitation from last paid date
- Beneficiary ID and Provider ID MUST be the same as original on all Replacement and Void Claims



Replacement Claims

- Correct Claim Completion Instructions Apply
- Must have same Beneficiary ID and Provider ID as Original Claim
- Resubmit claim in its entirety how it should have been submitted originally
- In field 35 state the Original 10-digit CRN: replacement
- Replacement Claim will completely replace original claim



Replacement and Void Claims

- Address for your paper voids and replacement bills to be mailed to is:

MDCH/ Provider Support

Attn: Dental Claim Replacements


P.O. Box 30731

Lansing, MI 48909



Void/Cancel Claims

- Correct Claim Completion Instructions Apply
- Must have same Beneficiary ID and Provider ID as Original Claim
- Complete one service line with 0 (zero dollars) billed
 - ☐ Entire original payment will be debited
- In field 35 state the Original 10-digit CRN: “void cancel”
- Void Claim will completely void original claim



When to Submit: Replacement vs. Void/Cancel

- | | |
|-------------------------------|----------------|
| 1. Incorrect Quantity? | 1. REPLACEMENT |
| 2. Incorrect Amount Billed? | 2. REPLACEMENT |
| 3. Incorrect Beneficiary? | 3. VOID/CANCEL |
| 4. Other Insurance payment? | 4. REPLACEMENT |
| 5. Incorrect Date of Service? | 5. REPLACEMENT |
| 6. Incorrect Procedure Code? | 6. REPLACEMENT |
| 7. Incorrect Provider ID? | 7. VOID/CANCEL |
| 8. Duplicate Claim Paid? | 8. VOID/CANCEL |
| 9. Original Claim Rejected? | 9. NEW CLAIM |



Prior Authorization (PA)

- Refer to specific codes for PA
- If PA is needed, contact:
 - ☐ MDCH Prior Authorization Division
PO Box 30154
 - ☐ Lansing, MI 48909
 - ☐ 1-800-622-0276
 - ☐ Fax 517-335-0075
- When Billing report the 10-digit PA in Box 2 of your claim.



Electronic Billing

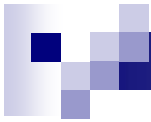
- Companion Guides
- B2B Testing Information
- Approved Vendors List
- Send all Electronic Billing questions to AutomatedBilling@michigan.gov
no phone number available at this time.



Common Reason Codes (CAS Codes)

- 1 = Deductible Amount
- 2 = Coinsurance Amount
- 42 = Charges exceed our fee schedule or maximum allowable amount
- 96 = Non-covered charges
- 45 = Contractual amount

www.wpc.edi.com/codes



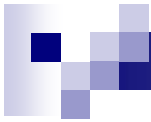
Electronic Remittance Advice - 835

- 835 submitted to requested billing agent through Data Exchange Gateway (DEG)
- Request form may be found at Electronic Billing webpage
 - 835/277U Request Form
- Provider WILL continue to receive paper RA's as well as the 835



Paper Remittance Advice (RA)

- RAs show the status of the claim
 - Paid (MA, CC, etc.)
 - Pended (PEND)
 - Rejected (REJ)
- RAs are grouped by Provider ID
- RAs will be sent to individual Providers



Information on the RA

- Claim Reference Number (CRN)
- Provider Reference Number or Account Number
- Date of Service (DOS)
- Procedure Code
- Quantity
- Amount Billed
- Amount Approved
- Explanation Codes



Paid Claims

- Source/Status = MA, CC, etc.
- .00 MA is considered an approved claim
- Medicaid Reimbursement
 - Lesser value of Providers Charges or Medicaid Fee Screens minus Other Insurance Payments
 - Medicaid's payment is **Payment in FULL**
 - Providers may **NOT** bill beneficiary for additional charges



Pended Claims

- Source/Status = PEND
- Review Edit Information
- Claim is still active in Medicaid system
- Do NOT rebill a correctly pended claim
 - Only rebill a pended claim when you know the claim will reject due to billing errors



Rejected Claims

- Source/Status = REJ
- Review Edit Information
- Rejected claims are no longer active in Medicaid System
- If applicable, fix any errors and rebill as a clean claim



Claim Limitation

The claim reference number begins with a 4 digit number representing the year and day of the year your claim was received by Medicaid.

D.O.S. = 3/01/07 (7060) first digit the year and the next three digits the day of the year from a julian calendar.

Claim must be received before 3/1/08 (8060)



Medicaid Billing Limitations

- 12 month limitation from Date of Service (DOS)
- Continuous Activity must be kept after 12 months.
 - Within 120 days from last rejection
 - HINT – Take the last claim and work backwards with Julian calendar.

Julian Day Calendar

Day Month	January	February	March	April	May	June	July	August	September	October	November	December
1	1	32	60	91	121	152	182	213	244	274	305	335
2	2	33	61	92	122	153	183	214	245	275	306	336
3	3	34	62	93	123	154	184	215	246	276	307	337
4	4	35	63	94	124	155	185	216	247	277	308	338
5	5	36	64	95	125	156	186	217	248	278	309	339
6	6	37	65	96	126	157	187	218	249	279	310	340
7	7	38	66	97	127	158	188	219	250	280	311	341
8	8	39	67	98	128	159	189	220	251	281	312	342
9	9	40	68	99	129	160	190	221	252	282	313	343
10	10	41	69	100	130	161	191	222	253	283	314	344
11	11	42	70	101	131	162	192	223	254	284	315	345
12	12	43	71	102	132	163	193	224	255	285	316	346
13	13	44	72	103	133	164	194	225	256	286	317	347
14	14	45	73	104	134	165	195	226	257	287	318	348
15	15	46	74	105	135	166	196	227	258	288	319	349
16	16	47	75	106	136	167	197	228	259	289	320	350
17	17	48	76	107	137	168	198	229	260	290	321	351
18	18	49	77	108	138	169	199	230	261	291	322	352
19	19	50	78	109	139	170	200	231	262	292	323	353
20	20	51	79	110	140	171	201	232	263	293	324	354
21	21	52	80	111	141	172	202	233	264	294	325	355
22	22	53	81	112	142	173	203	234	265	295	326	356
23	23	54	82	113	143	174	204	235	266	296	327	357
24	24	55	83	114	144	175	205	236	267	297	328	358
25	25	56	84	115	145	176	206	237	268	298	329	359
26	26	57	85	116	146	177	207	238	269	299	330	360
27	27	58	86	117	147	178	208	239	270	300	331	361
28	28	59	87	118	148	179	209	240	271	301	332	362
29	29	--	88	119	149	180	210	241	272	302	333	363
30	30	--	89	120	150	181	211	242	273	303	334	364
31	31	--	90	--	151	--	212	243	--	304	--	365



Medicaid Resources

- MDCH Website: www.michigan.gov/mdch
- Provider Inquiry
 - Phone Number: 1-800-292-2550
 - E-Mail: ProviderSupport@michigan.gov
(Allow 7-10 days for response)
 - Medicaid Consultants
P.O. Box 30731
Lansing, MI 48909



Third Party Liability (TPL)

- Remove or update Other Insurance (OI) information from the TPL file
 - Phone: 1-800-292-2550 (option 4)
 - Fax: 1-517-346-9817
 - E-Mail: TPL_Health@michigan.gov



Medicaid ListServ

- What is a ListServ?
 - A subscription tool that allows Medicaid providers to subscribe to a List
 - Emails are sent out to the List anytime new information pertains to the category
- Examples of what is sent through the ListServ?
 - Provider Inquirer
 - Systems Issues
 - Upcoming Information = NPI, MMIS



QUESTIONS?

www.michigan.gov/mdch